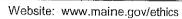
COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine



Phone: 207-287-4179 Fax: 207-287-6775



## 2007 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2007 through December 31, 2007

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 15, 2008.

☐ Please check if this is an update t	to a previously file	d statement for the calend	dar vear 20	907	
		TOR INFORMATION	, , , , , , , , , , , , , , , , , , , ,		
Name Patsy Gar Mailing address	-side C	Rockett	-	Member of:	☐ Senate
Mailing address  14 Smith				District	7
City, zip code Augusta,		04330		Phone $207$	623-3641
		FROM EMPLOYMENT	BY ANOT	HER	
List the name and address of each e principal type of economic activity of e	employer from wheach employer.	nom you received compe	ensation of	\$1,000 or mo	ore. Specify the
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PART		VED FROM SELF-EMPL who are self-employed.)			
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Name and Address of Business	Entity	Major Areas of Economic (self)	Activity	Ad (partnership, as	s of Economic ctivity sociation or similar ess entity)
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150-20-450-450	2 (continued). INCOM For Legislat	E DERIVED FROM ors who are self-emplo		YMENT	
B. List each source of income der is greater, and specify the principa disclosure is prohibited by law, rul the entity or person from whom the	al type of economic activity of le, or an established code of	of the entity or perso	on from whom you	derived such inco principal type of e	me. If this form of conomic activity of
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Address:	- u				The state of the s
Name:					
Address:		-			
		OR AREAS OF PI who are attorneys at-l			
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Name and	d Address of Firm		Major Areas of Pra (self)	ctice Major	Areas of Practice (firm)
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None					
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PART 8. REPRESENTATION BEF	ORE ST	AŢE .	AGENCIES		
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None	_	· · · · · · · · · · · · · · · · · · ·		Biological Control of the Control of	ATLET'S comment of Survey
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PÄRT 9. BUSINESS WITH S	TATE A	GEÑ	CIES		14 - 1
List each executive branch agency to which you or a member of your imm \$1,000 during the reporting period. If none, check the box.	9.64	Mary Mary	22 13 14 14 14 15 1	lue in exce	ss of
None		£		· · · · · · · · · · · · · · · · · · ·	Shibilinda Assensor v. Assense
Name of Agency		in diameter	Name of Agency		
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	No. day 20. 200				
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PART 10. INCOME RECEIVED BY MEM	3ERS OF	- IMIV	IEDIATE FAMILY		- 1.1
List the type of economic activity representing each source of income of (ren) during the reporting period and the kind of income represented. Do "D" for income received by dependents.	\$1,000 or not includ	r more le gifts	e received by your spouse or s. Circle "S" for income receive	dependent ed by spous	child se or
Type of Economic Activity Representing Source of Income Received	Circ approp	oriate	Kind of Incom	ie	
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SIGNATURE	26 J	5_2\\.''.'.			- 1 - N - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
A Legislator who willfully fails to file a required statement is subject (1 M.R.S.A. § 1017-A)	to a fine	of \$1	0 per business day until the	report is	filed.

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General.

If the Commission determines that a Legislator has willfully failed to file a required statement or has willfully filed a false statement, the Legislator shall be presumed to have a conflict of interest on every question and shall be precluded from voting on any question in committee or in either branch of the Legislature, and shall not attempt to influence the outcome of any question. (1 M.R.S.A. § 1019)

Patry Crokett
Signature

January 9,2008

NAME:	Addition of the second of the			DATE:			
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